मलेरिया-रोधी औषधों में से एक है। यह कमी आपूर्तिकर्ताओं को दिये गए आदेशों के अनुसार उनके द्वारा इनकी आपूर्ति न करना था। इस कमी पर काबू पाने के लिए सरकार ने विश्व स्वास्थ्य संगठन के माध्यम से प्राइमाक्विन गोलियों का आयात करने की व्यवस्था की और अब यह पर्याप्त मात्रा में खरीद ली गई है।

प्राइमाक्विन गोलियों के भंडारण के संरक्षण के लिए राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम निदेशालय ने 6-5-1991 को मलेरिया के गम्भीर और प्रतिरोधी रोगियों तक राइमाक्विन के प्रयोग को प्रतिबन्धित करने के लिए राज्य स्वास्थ्य प्राधिकारियों को अनुदेश जारी कर दिये थे। बाद में 11-9-1991 को इन अनुदेशों को वापस ले लिया गया।

(घ) मध्य प्रदेश और उड़ीसा सरकार से ऐसी कोई रिपोर्ट प्राप्त नहीं हुई है।

Eradication of Malaria

2030. SHRI SHANKAR DAYAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any scheme for the eradication of Malaria in the country, and if so, what are the details thereof; and

(b) the amount allocated to different States for eradication of Malaria?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA). (a) The modified Plan of Operation under National malaria Eradication Programmes was launched in 1977 for effective control of malaria by undertaking residual insecticidal spraying and active and passive case detection in the country. The incidence of Malaria has been successfully brought down from 6.47 million cases in 1976 to 1.9 million cases during 1990.

(b) The amount allocated to different States for effective control of malaria under National Malaria Eradication Programme is annexed *[See* Appendix CLXII, Annexure No. 451

कतिपय क्षेत्रों का निजीकरण

2031. **मौलाना ओबैदुल्ला खान आजमी:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या उनके मंत्रालय के नियंत्रणाधीन विभिन्न क्षेत्रों में निजीकरण शुरू करने की कोई योजना सरकार के विचाराधीन है; और

(ख) यदि हां, तो उसका ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ): (क) जी, नहीं।

(ख) प्रश्न नहीं उठता।

Birth Rate in India

2032. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the UNICEF Report 1992 according to which reduced child deaths have indicated a trend of fewer births in India;

(b) if so, Governments' reaction thereto; and

(c) what measures Government have taken during the last one year for providing better health care for children in India?

THE MINISTER OFSTATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) Yes, Madam.

(b) With the decline in Infant Mortality Rate and higher assurance of the survivability of their children, people are more and more motivated for acceptance of the small family norm and consequently there is fertility decline.

(c) The measures include intensification of the following programmes:

(i) Universal Immunisation Programme to protect infants against Poliomyalitis, Tetanus, Diphtheria, Whooping Cough, Tuberculosis and Measles and pregnent women against Tetanus.

(ii) Oral Rehydration Therapy Programme for controlling deaths due to dehydration caused by diarrhoea among children upto the age of 5 years.

(iii) Control of Acute Respirator. Infections in children to cut down death due to pneumonia.

(iv) Prophylaxis Schemes against nutritional Anaemia among mothers and children and Prophylaxis against blindness among children due to Vitamin 'A' deficiency.

Malaria Cases in Delhi

2033. SHRI DHULESHWAR MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cerebral malaria is spreading in the Capital;

(b) if so, the number of cases of malaria reported in 1991 and the deaths due to it;

(c) the genesis of this type of malaria;

(d) the steps taken to counter the disease; and

(e) the medicines suggested generally for use by the persons afflicted by this disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) and (b) As per the reports received from Union Territory of Delhi, 8491 malaria cases including 24 cases of P. falciparum have been reported during 1991. Only one death has been reported due to malaria from a private hospital.

(c) Cerebral malaria is the most common complication of P. falciparum infection and is characterised by high density of parasite in the blood. It generally affects the lower age group population and pregnant females due to lack/depressed body resistance to the infections. The development of cerebral malaria or complications of P. falciparum is generally due to (i) misdiagnosis, (ii) delayed treatment, and (iii) inadequate treatment in terms of drug resistance, dosage and supportive care.

(d) The specific steps to control and contain malaria including P. falciparum include:

(1) Detection and treatment of malaria cases at dispensaries, malaria clinics and hospitals.

(2) Weekly application of chemicals such as malaria larvicide oil (MLO) in mosquito breeding places to destroy mosquito larvae.

(3) Bio-environmental methods such as elimination of mosquito breeding places, introduction larvivorous fish, wherever feasible.

(4) Health education to create public awareness for active participation in anti malarial measures.

(e) Chloroquine is the drug of choice for treatment of all malaria cases but when patients develops cerebral malaria, the drug of choice is quinine.

Licences for manufacture- of Vaccine

2034. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to curtail powers of State Government to issue licences for manufacturing vaccines and certain products;

(b) if so, what are the reasons therefor; and

(c) what is the reaction of the State Governments in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) to (c) In order to regulate issue of licences for manufacture of certain sensitive items like vaccines, blood and blood products and I.V. fluids, the Central Government propose to acquire enabling powers by suitable amendments to Drug and Cosmetic Rules, 1945. This proposal was included in one of the agenda items for the Conference of Health Minister's on 6th and 7th Jan., 1992 but no State Govt, expressed any reservation on the issue.

Legislation on Tobacco Consumption

2035. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to bring forward a comprehensive legislation on tabacco-consumption in all forms;